

**FILED APR 23 1945**

Registration District No. **152**

Primary Registration District No. **3021**

Registrar's No. **287**

**1. PLACE OF DEATH:**

(a) County **Sturdy**

(b) City or town **Truxton**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1702 E 7th St. 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community **83-7-9**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **Sturdy**

(c) City or town **Spickard**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Elizabeth Alice Robbins**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Mar** day **10** year **1945** hour **9** minute **30 P.M.**

**21. I hereby certify that I attended the deceased from** **Feb 10** 19**45** to **Mar 10** 19**45**; that I last saw him **or** alive on **Mar 10** 19**45** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July 31 1861**  
(Month) (Day) (Year)

Immediate cause of death **Arterio Sclerosis** Duration **2 yrs**

**8. AGE:** Years **83** Months **7** Days **9** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to **Chronic myocarditis** Duration **2 yrs**  
**mitral insuff.** **17 yrs**

9. Birthplace **Sturdy Co. Mo. 01**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation **Home**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business **Home**

Major findings: Of operations **92%**

**MOTHER FATHER** 12. Name **Jacob Robbins**

Of autopsy \_\_\_\_\_

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

14. Maiden name **Julia Talbot**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Ed Robbins**

(b) Address **Truxton Mo**

17. (a) **Burial** (b) Date thereof **Mar-13-1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **For Cem Sturdy Co Mo.**

18. (a) Signature of funeral director **Scholar Good Home**

(b) Address **Spickard**

19. (a) **3-19-45** (b) **L. D. Roberts**  
(Date received local registrar) (Registrar's signature)

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: \_\_\_\_\_

23. Signature **E. A. Duffley** (M. D. or other) **mel**

Address **Truxton Mo** Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1  
2

1330

12-45

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Ross Mac* .....

Licensed Embalmer No. *3771* .....

P. O. Address..... *Spickard Mo.* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**